

HL7 EHR Technical Committee
EHR Interoperability Project Team

17 September 2007

Gary L. Dickinson, Facilitator

EHR Interoperability Project Team

Areas of Focus

- “Coming to Terms” White Paper
 - Compilation and Analysis of Industry “Interoperability” Definitions
- EHR Interoperability Model (EHR/IM)
 - Characteristics of Interoperable EHR Records
 - Now: Draft Standard for Trial Use
- EHR Lifecycle Model (EHR/LM)
 - EHR Lifecycle Events
 - Now: Working Draft

EHR Interoperability Project Team

Areas of Focus, con't

- EHR/IM - CDAR2 Profile
- EHR/IM - Legal Profile
- ONC/AHIC/HITSP Use Case Alignment
 - EHR/FM, PHRS/FM
 - EHR/IM, EHR/LM
- ISO 21089, “Trusted End-to-End Information Flows”
- Health Record Banking Alliance

Interoperability Definition

HL7

- “Interoperability is the ability of two or more systems or components to exchange information and to use the information that has been exchanged.
 - “Functional’ interoperability is the capability to reliably exchange information without error.
 - “Semantic’ interoperability is the ability to interpret, and, therefore, to make effective use of the information so exchanged.”

Compilation and Analysis of Industry Interoperability Definitions

- Lead:
 - Pat Gibbons, Mayo Clinic
- Research/Reference/Foundation Project
- Compilation and Analysis
 - 100+ Definitions
 - Many sources, including HL7, ISO, IEEE, NAHIT, US Executive Order...
 - Approximately 50% - 50%
 - US and International

Compilation and Analysis

Key Aspects of Interoperability

- Technical Interoperability
 - Structure, syntax, reliable communication
- Semantic Interoperability
 - Full meaning preserved
- Process Interoperability
 - Integral to (healthcare delivery) process, work flow

Compilation and Analysis Status

- “Coming to Terms” White Paper
 - Assessment and Findings
- Publication Package
 - White Paper & Slide Set Overview
 - Reference Spreadsheets
 - Source Summary and Acronyms
- Available on HL7 EHR TC Website
 - <http://www.hl7.org/ehr>

- To the question:
“What is Interoperability?”
 - “Coming to Terms” White Paper
- To the point:
“What is EHR Interoperability?”
 - HL7 EHR Interoperability Model - DSTU
 - HL7 EHR Lifecycle Model - Working Draft

EHR Interoperability Model

- Lead
 - Gary L. Dickinson
 - Consultant, representing CentriHealth
- DSTU Release 1
 - Passed Ballot, January 2007
 - Published, February 2007
- Available
 - <http://www.hl7.org/ehr>

EHR Interoperability Model

What is It?

- A consensus Draft Standard for Trial Use
- A common industry reference point
- A set of characteristics of (requirements for) interoperable EHRs, encompassing
 - WHAT (EHR Interoperability Characteristics) and
 - WHY (Rationale) but
 - NOT HOW (Architectures and Implementations)
- A concrete approach to EHR interoperability: technical, semantic and process

EHR Interoperability Model

What is It? con't

- A set of benchmarks to achieve persistent legal records
- A trust framework for key stakeholders
 - Patients/Consumers, Providers, Authors, Record Users...
- A structure to ensure record persistence and indelibility
 - End-to-end: point of record origination to each ultimate point of record access/use
 - Often traversing point-to-point record exchanges

EHR Interoperability Model

What is It? con't

- A context of the EHR as the immediate (concurrent) record of health(care)
 - Chronicle of health(care)
 - Documentation of health(care) Acts in Act Records
 - Creation of indelible Act Record entries in the persistent EHR

EHR Interoperability Model

What is It? con't

- An introduction of the Common EHR Unit of Record
 - An Act Record for each Act/Action
 - Sufficient to document all health(care) Acts
- A framework for Common Record Units (Act Records) to comprise the EHR

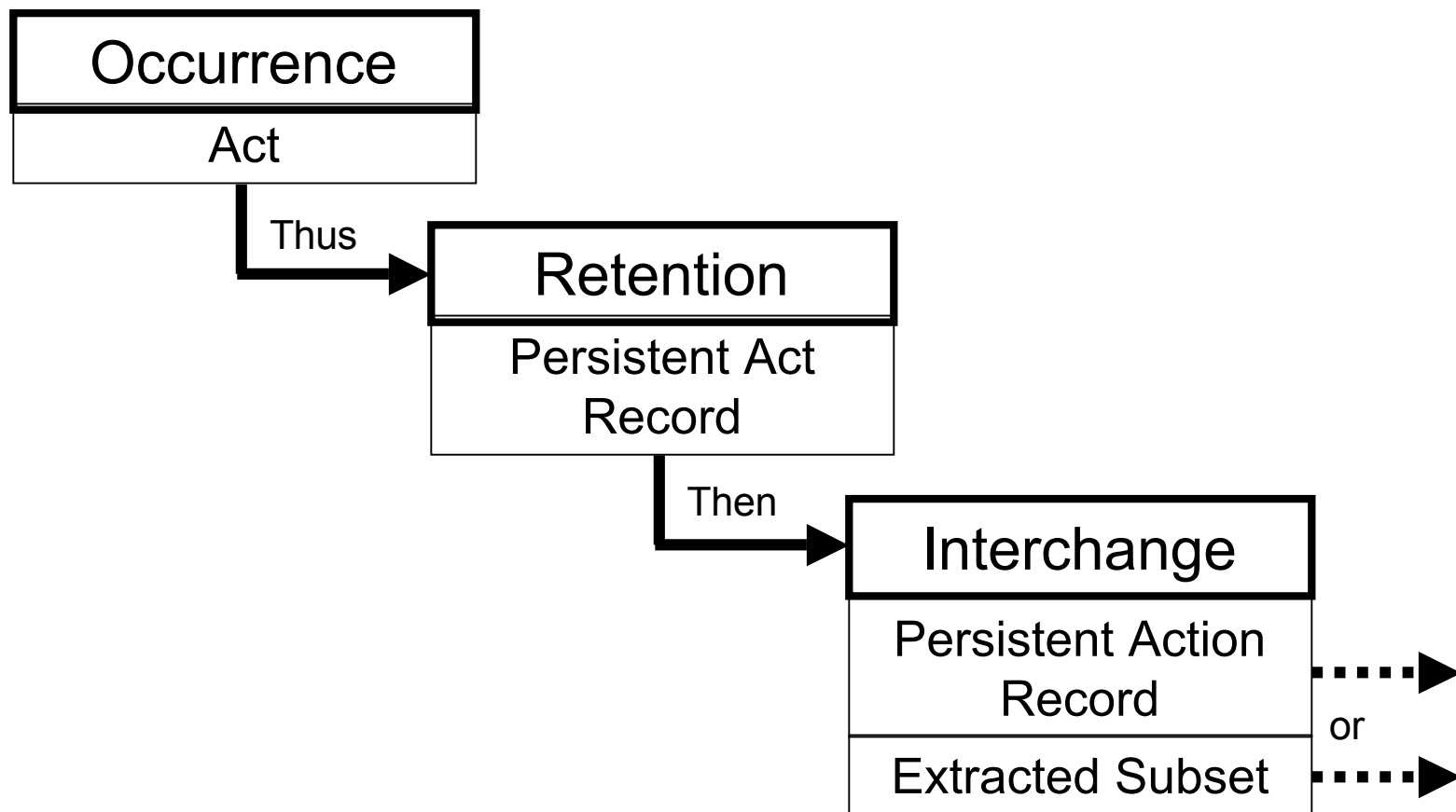
EHR Interoperability Model

What is It? con't

- A framework for conformance testing
 - Conformance criteria for record validation
 - Applicable to specific application roles
 - Record Source/Originator
 - Record Transmitter, Receiver
 - Interchange Mediator, Intermediary
- An approach which is technology and vendor neutral

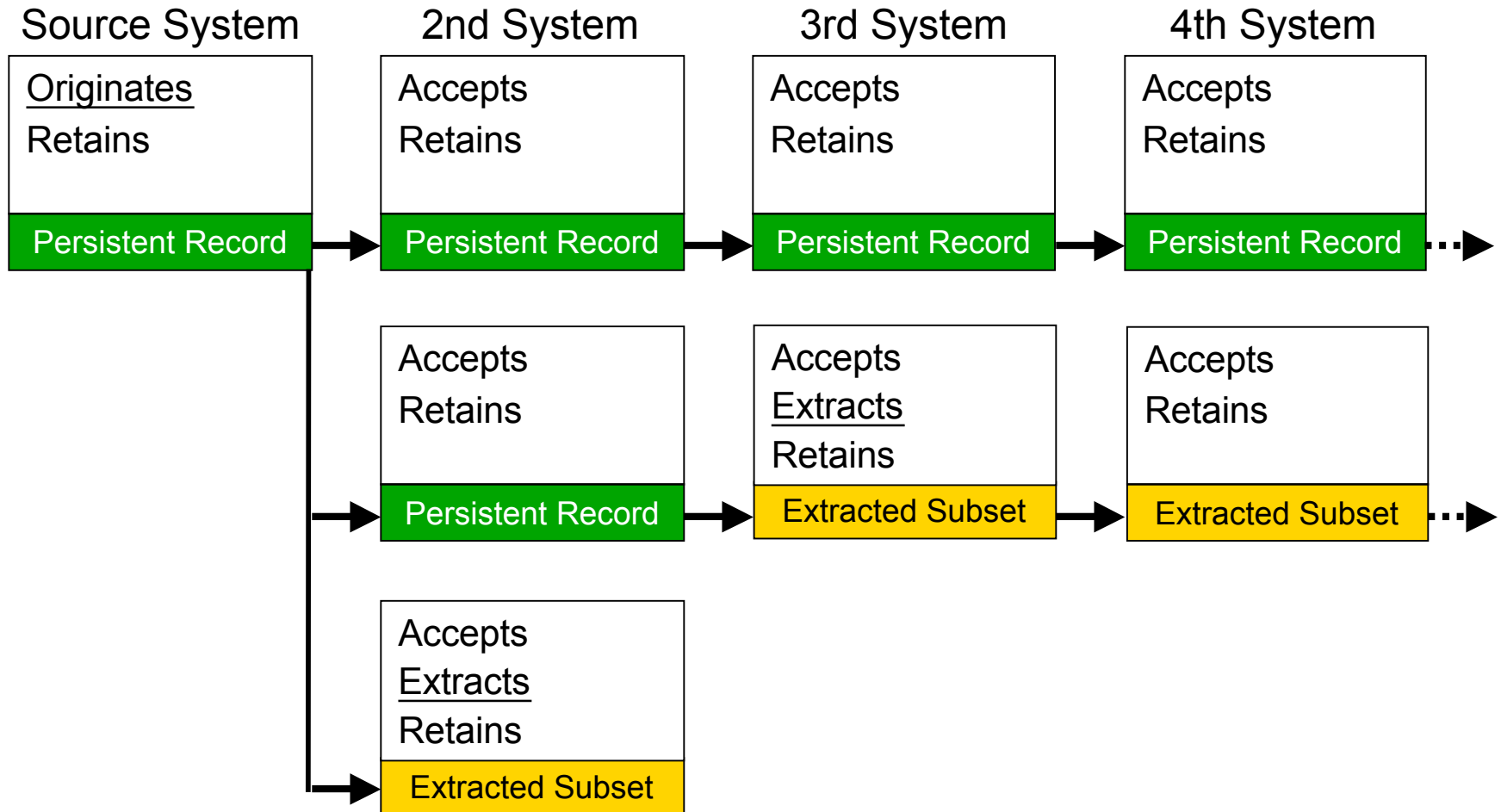
EHR Interoperability Model

Act/Act Record/Interchange



Example Interchange Pattern

Persistent Records and Extracted Subsets



EHR Interoperability Model

Sections

1	Health(care) Delivery	
2	Health(care) Act	
3	Act Record	Common EHR Record Unit
4	Act Record Attributes	
5	Health Record	
6	Patient Encounter Record	
7	Patient Summary Record	
8	EHR Interoperability (Summary)	

EHR Interoperability Model


Section by Section

1 - Health(care) Delivery

- Healthcare delivery occurs as a process over time, it has a chronology
- Healthcare delivery is comprised of Actions occurring over time

2 - Health(care) Act

- An Act is a discrete instance of health(care delivery)
- An Act is performed or provided (i.e., service is rendered)
- An Act has Accountable Actor(s)
- An Act occurs at a date/time, it occurs at a location (e.g., at a specific point of service, point of care)

Health(care) Delivery	Interoperable EHR
Comprised of discrete Acts (Actions)	Comprised of persistent Act Records
Act Occurs 	Act is documented by an Act Record in the EHR (Act Record is Persistent Evidence of Act Occurrence)
Acts have a chronology of occurrence	Act Records have a corresponding chronology
Acts are a common unit of service in health(care)	Act Records are a common unit of record of the EHR

EHR Interoperability Model

Section by Section, con't

3 - Act Record

- An Act Record documents each Act
- An Act Record is persistent evidence of Act occurrence
- An Act Record has an accountable Author
- The Act Record is the common EHR unit of record

4 - Act Record Attributes

- Act Record is comprised of attributes

EHR Interoperability Model

Section by Section, con't

5 - Health Record

- The Health Record is a chronology of Acts occurring in the course of health(care) delivery
- The Health Record is comprised of persistent Act Record(s)
- The Health Record may encompass single point in time, an encounter, an arbitrary period of time or a full lifetime

6 - Patient Encounter Record

- Encounter Record comprises Act Records related to a patient Encounter

7 - Patient Summary Record

- Creating a Summary Record is itself an Act
- An Act Record may be a summary of other Act Record(s)

EHR Interoperability Model

Section by Section, con't

8 - EHR Interoperability (Summary)

- Technical: Act Records are interchanged with secure and reliable transport
- Semantic: Act Records are interchanged with content and meaning preserved
- Process: Act records are interchanged in the course of the healthcare delivery process and promote continuity of that process

EHR Interoperability Model

Column by Column

A - Identifier

B - EHR Interoperability Assertion or Characteristic

- An *assertion* states a basic principle of EHR interoperability
- A *characteristic* specifies a discrete requirement of EHR interoperability and includes testable conformance criteria

C and on

- Derived from Column B Assertion or Characteristic

EHR Interoperability Model

Column by Column, con't

C - Elaboration

- Additional description of each EHR interoperability assertion or characteristic

D - Attribute Class

- Attribute class testable for each EHR interoperability characteristic

E - Example

F - Use Case Example

G - Legal Record Requirement?

- Realm specific, example profile

EHR Interoperability Model

Column by Column, con't

H-L - Conformance Criteria

- Per EHRS or application role
- Source - at point of record origination
- Outbound - at point of record transmittal
- Interchange standard
- Intermediary - during record interchange
- Inbound - at point of record receipt

EHR Interoperability Model

Column by Column, con't

M-O - Stakeholder Assurance

- Trust Span to Downstream Record User:
Consumer/Patient, Provider, Record Author
Perspective
- Trust Span from Upstream Record Source:
Ultimate Record User Perspective

P - Standards Reference

Q - EHRS Functional Model Reference

EHR Interoperability Model

Column by Column, con't

R-S - For Future Consideration

T - CDAR2 Profile

- Common EHR Record Unit Requirements
(Sections 3&4 only)

U - CDAR2 Testability Criteria

EHR Interoperability Model

Testability

EHR-S/FM	EHR/IM
Conformance Testing - External to HL7	
<ul style="list-style-type: none"> • Certification <ul style="list-style-type: none"> – As a Conforming <u>EHR-S</u> product – By a Certification Authority (e.g., US CCHIT) 	EHR Record Validation <ul style="list-style-type: none"> • TBD
<ul style="list-style-type: none"> • Expert Jury assessment and scoring 	<ul style="list-style-type: none"> • Algorithmic test <ul style="list-style-type: none"> –EHR Record (instance or collection) • Expert Jury assessment and scoring

EHR Interoperability Model

Testable Artifacts

EHR Record at Rest

- Proprietary EHR Record
 - Vendor EHRS proprietary format
- Industry Standard EHR Record
 - EHR Common Record Unit (as proposed)

EHR Record in Transit, as an Interchange Artifact

- EHR Common Record Unit (as proposed)
- HL7 Clinical Document Architecture (CDA), Release 2
- HL7 v2/v3 Message
- CEN/ISO 13606 EHR Extract (using HL7 v3/CDA)
- Proprietary/Local EHR Transfer Format

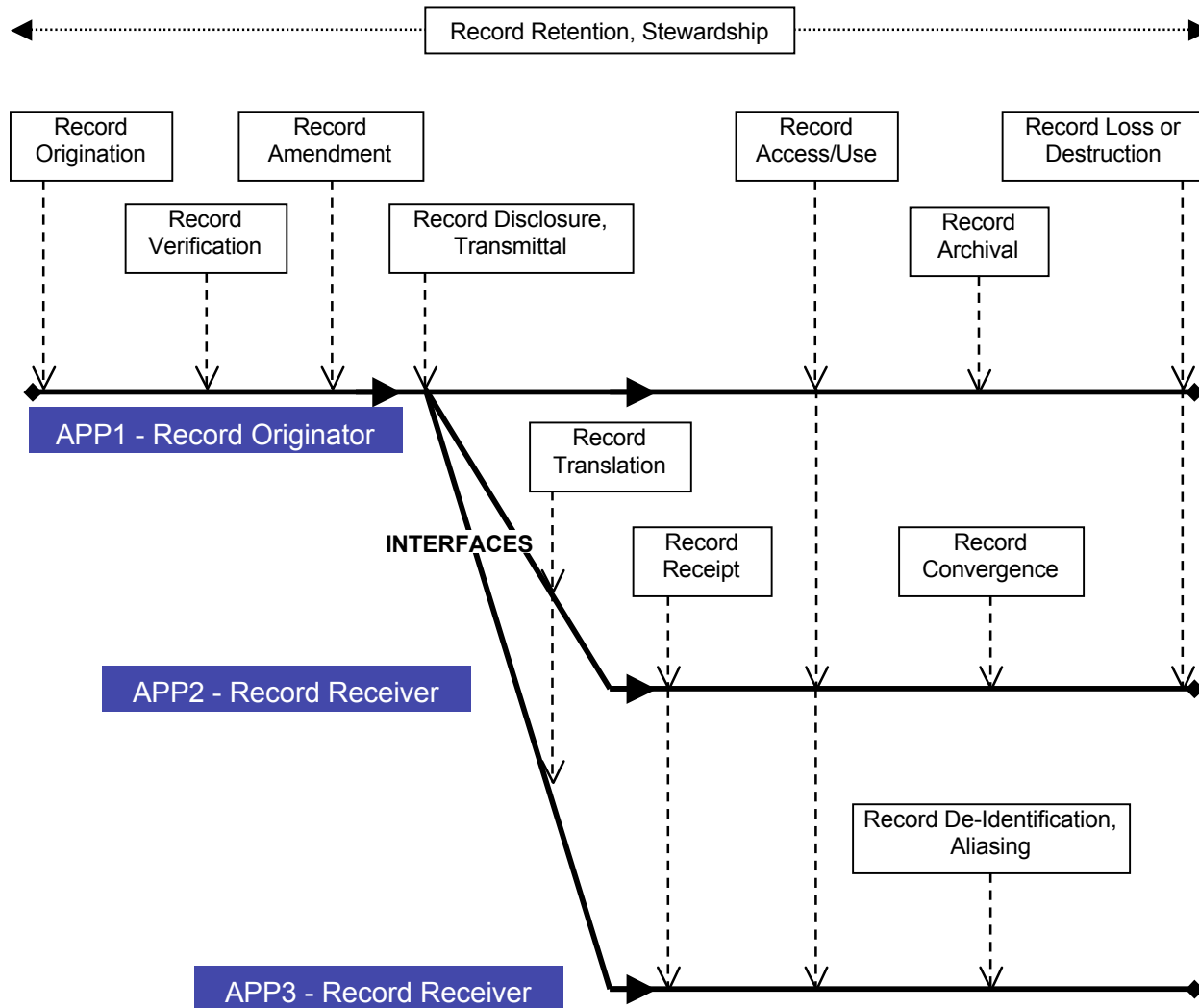
EHR Interoperability Model

Potential Point(s) of Testing

Lifecycle Events occurring at Point of Record:

- Origination and Retention
- Amendment
- Verification
- Access, View
- Translation
 - Language and Coding/Classification Scheme
- Transmittal and Disclosure
- Receipt and Retention
- De-identification, Aliasing, Re-Identification
- Archival

ISO 21089 - Key Trace Points in End-to-End Information Flow



EHR Interoperability Model

Next Steps

- Review and revise draft
 - Parking lot issues
- Prepare for public comment period
- Capture input and revise model
- Prepare draft for normative ballot

- Volunteers Welcome!!

HL7 EHR Technical Committee

3 Complementary Models

- EHR System Functional Model
 - EHR Interoperability Model
 - EHR Lifecycle Model
-

- Each specifies:
 - Requirements
 - Testable conformance criteria

Complementary EHR/EHRS Models

Overview

	EHR System Functional Model (EHRS/FM)	EHR Interoperability Model (EHR/IM)	EHR Lifecycle Model (EHR/LM)
Focus	Functions of <u>EHR Systems</u>	Characteristics of Interoperable <u>EHR Records</u>	Key Audit/Trace Events in <u>EHR</u> <u>Record Lifecycle</u>
Specifies	~150 Functions	~100 Characteristics	16 Events
Status Aug 2007	<ul style="list-style-type: none"> • HL7 Normative • ANSI Approved • ISO Work Item 	<ul style="list-style-type: none"> • HL7 DSTU • 2008: Normative? 	<ul style="list-style-type: none"> • HL7 Draft in Development • 2007: DSTU?

EHR Lifecycle Model

- Lead
 - Gary L. Dickinson
- Working Draft in Development
 - Started January 2007

EHR Lifecycle Model

What is It?

- A working draft in development
- A common industry reference point
- A specification of lifecycle events for interoperable EHR records
- A framework for EHR record audit and traceability
- A supplement to the EHR Interoperability Model
 - Audit/trace points (per EHR/IM Section 3.19)

EHR Lifecycle Model

What is It? con't

- A structure to ensure record persistence and indelibility
- A framework for conformance testing
- An approach which is technology and vendor neutral

EHR Lifecycle Model

Section by Section

1 - Background

2 - Purpose

3 - Objectives

4 - Health(care) Delivery

5 - The Health(care) Act

6 - The Act Record

7 - The Act/Act Record Paradigm

8 - The Act Record Interchange Paradigm

EHR Lifecycle Model

Section by Section

9 - Events in the Act Record Lifecycle

10 - EHR Lifecycle Event Initiators

11 - Description of EHR Lifecycle Events

12 - System Roles in the EHR Record Lifecycle

13 - The Downstream EHR Record Lifecycle

14 - Audit and Traceability

15 - Conformance Criteria

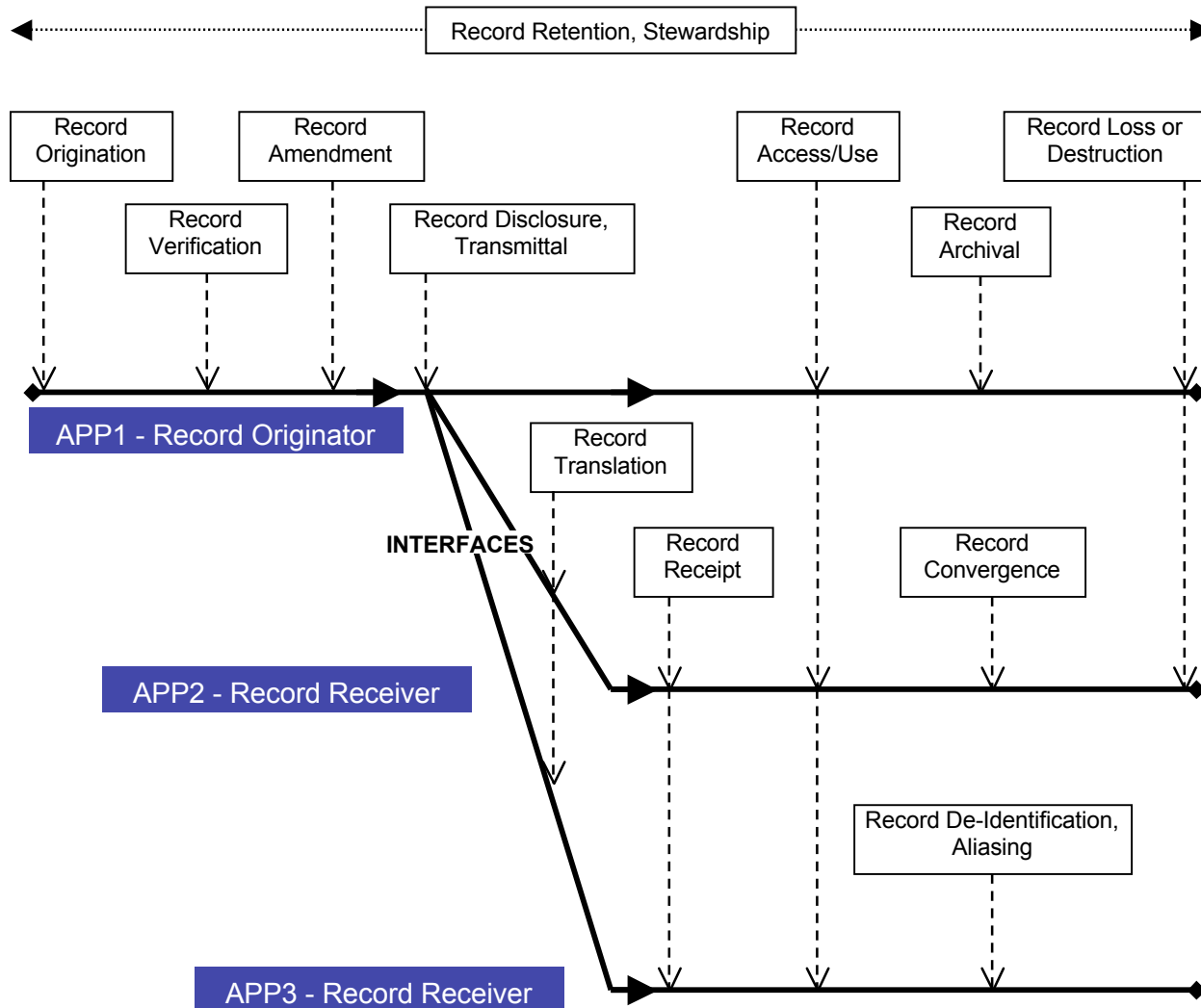
EHR Lifecycle Model

EHR Lifecycle Events

At Point of Record:

- Origination and Retention
- Amendment
- Verification
- Access, View
- Translation
 - Language and Coding/Classification Scheme
- Transmittal and Disclosure
- Receipt and Retention
- De-identification, Aliasing, Re-Identification
- Archival

ISO 21089 - Key Trace Points in End-to-End Information Flow



EHR Lifecycle Model

Next Steps

- Continue internal review and revision
- Prepare draft for public review and comment
- Capture input and revise model
- Prepare draft for DSTU ballot

- Volunteers Welcome!!

CDAr2 Reference Profile

- Lead
 - Calvin Beebe, Mayo Clinic
 - Co-Chair, HL7 Structured Documents TC
- Working Draft in Development

CDAr2 Reference Profile

What is It?

- A crosswalk of CDAr2 attributes vis-a-vis requirements of the EHR Interoperability Model
- A specification of CDAr2 as an implementation of the Common EHR Record Unit
 - Mapped to EHR/IM Sections 3&4
- A collaboration between HL7 TCs
 - EHR, Structured Documents, Security

CDAr2 Reference Profile

Now

- Sample profile embedded in DSTU
 - EHR/IM Columns T&U
- Requirements Covered by CDAr2
 - Currently 48 of 58
- 10 under Review, for Future
 - Non-Patient Specific Records
 - Access Control/Confidentiality Indicator
 - Record Audit/Traceability

CDAr2 Reference Profile

Next Steps

- Review profile in joint EHR/SD TC session
- Separate profile from EHR/IM
- Prepare for public review and comment
- Capture input and revise draft
- Prepare draft for profile ballot
- Align document and record architectures
 - CDAr2 Implementation Guide for EHR
- **Volunteers Welcome!!**

Legal Record Profile

- Lead
 - Michelle Dougherty, AHIMA
 - Facilitator, EHR TC Legal Aspects Team

Legal Record Profile

What is It?

- An assessment of EHR Interoperability Model requirements applicable to a fully formed, legally qualified record
 - Current and new requirements to be considered
- A validation/revision of current legal record profile
 - EHR/IM, Column G
- A US realm specific profile

Legal Record Profile

Next Steps

- Begin review
 - Separate profile from EHR/IM
 - Prepare draft for public review and comment
 - Capture input and revise
 - Prepare draft for profile ballot
-
- **Volunteers Welcome!!**

ONC/AHIC/HITSP Use Case Alignment

- Leads
 - Y1 EHR/Lab Results Reporting
 - Sherry Selover, Selover EDI Solutions
 - Y1 Consumer Empowerment
 - Kim Salamone, Health Services Advisory Group
 - Y1 Biosurveillance
 - Gora Datta, Cal2Cal

ONC/AHIC/HITSP Use Case Alignment

What is It?

- An assessment of how/where ONC/AHIC/HITSP use cases align with HL7 EHR/PHR Models
 - EHR and PHR Functional Models: functions invoked by use case
 - EHR Interoperability Model: record characteristics necessary to support use case
 - EHR Lifecycle Model: record lifecycle events invoked by use case

ONC/AHIC/HITSP Use Case Alignment

What is It? con't

- A framework based on 4 level use case hierarchy
 - Use case, scenario, event and action
- An analysis of:
 - Use case actions (Acts)
 - Persistent evidence of action occurrence (Act Records)
 - Act Record retention, interchange and lifecycle

ONC/AHIC/HITSP Use Case Alignment

Next Steps

- First use case analysis completed, draft available for review and comment
 - Year 1 - Care Delivery - EHR/Lab Reporting
- Teams forming for next two use cases
 - Year 1 - Population Health - Biosurveillance
 - Year 1 - Consumer Empowerment - Demographics, Medication History
- Prepare drafts for review and comment
- Capture input and revise documents
- Prepare for ballot (?)
- Volunteers Welcome!!

ISO 21089 - “Trusted End-to-End Information Flows”

- Lead
 - Gary Dickinson

ISO 21089 - “Trusted E2E Information Flows”

What is It?

- An ISO Technical Report, published 2004
- A candidate for promotion to a full normative standard
 - As a full ISO International Standard or Technical Specification
- A framework for end-to-end trusted information flows
 - Originally focused on messaging paradigms
 - Including audit/trace points

ISO 21089 - “Trusted E2E Information Flows” Status

- Montreal, April 2007 - ISO TC215 Meeting
 - Agreed that this update should include flow of both transient messages and persistent health records
 - Agreed that the HL7 EHR Models, particularly the EHR/IM and EHR/LM, already incorporate the persistent health record perspective
 - Agreed (at least for now) to suspend further work on ISO 21089 in deference to completion and promotion of the HL7 EHR/EHRS Models to ISO TC215

ISO 21089 - “Trusted E2E Information Flows” Status

- Montreal, April 2007 - ISO TC215 Meeting
 - Noted that the HL7 EHRS Functional Model
 - Passed HL7 normative ballot
 - Gained ANSI approval and
 - Prepared as an ISO new work item proposal (out for ballot)

Health Record Banking Alliance (HRBA)

- Lead
 - Gary Dickinson, HL7 EHR TC
 - William (Bill) Yasnoff, MD
 - Chair, HRBA
- HRBA website:
<http://www.healthbanking.org>

Health Record Banking Alliance

What is It?

- An alliance promoting health record banks for retention of personal health records
- A framework combining many key concepts of robust health record management with aspects of financial banking
 - Trusted fiduciaries, personal health record accounts, privacy/security, consumer control...
 - Authorized “deposit” and “withdrawal” of health records to/from personal HRB account

Health Record Banking Alliance

What is It? con't

- A context where the Common EHR Record Unit (Act Record) could be utilized as HRB common currency

Health Record Banking Alliance

Next Steps

- Continue dialog with Dr. Yasnoff and HRBA
- Promote HRBA engagement with EHR TC
 - HL7 PHRS/FM Model
 - Common EHR Record Unit (for HRB)
- Volunteers Welcome!!

To Participate

Contact Gary Dickinson, Facilitator

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<http://www.hl7.org>

Join weekly EHR Interoperability Teleconferences
Tuesdays - 2PM ET (US)